

## Town of Bedford Recreation and Parks – Day Camp Registration

Please Pick Camp Location \_\_\_\_\_ **Bedford Hills** \_\_\_\_\_ **Bedford Village** \_\_\_\_\_ **Katonah**

**Camper's Name** \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_ School \_\_\_\_\_ Grade entering in FALL 2015 \_\_\_\_\_

Parent Name 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt # \_\_\_\_\_

Parent Name 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Full Name \_\_\_\_\_ Phone \_\_\_\_\_

HOSPITALIZATION INSURANCE CO. \_\_\_\_\_ I.D.# \_\_\_\_\_

### MEDICAL NEEDS / CONCERNS

Is your child taking any prescription Medicine?

YES

NO

If Yes Medication \_\_\_\_\_

For \_\_\_\_\_

Any Known Allergies \_\_\_\_\_

Will your child need to have/take any medication at camp (Benadryl/ Epi Pen/Inhaler?)

YES\*\*

NO

\*\* Any camper needing to take/have medication during camp must submit Medical Release Form to the Camp Director on the first day your child attends camp.

Please list any medical or behavior concerns that will assist our staff in properly caring for your child.

### IMMUNIZATION RECORDS (exact dates i.e. - 4/6/15) required by New York State Law)

Diphtheria/Tetanus (DPT or DTaP) 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Polio Vaccine (OPV or IPV) 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Haemophilus Influenza type b (Hib) 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Hepatitis B (Hep B) 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Measles/Mumps/Rubella (MMR) 1) \_\_\_\_\_ 2) \_\_\_\_\_

Varicella (Chickenpox) 1) \_\_\_\_\_ 2) \_\_\_\_\_

**General Release:** The undersigned hereby releases the Town of Bedford, its Town Board, Recreation & Parks Department, employees and volunteers thereof of any responsibilities should an accident or injury occur to the above named participant as a result of participation in the Bedford Day Camp/Bedford Tiny Tot program. In the event of injury/illness, if I cannot be reached, I give permission for my child to be taken for evaluation & treatment at a hospital for needed care. I also give permission for my child to: \*participate in all camp activities \*swim at the Town Pool \*participate in out of camp trips that may include aquatic amusement activities and swimming \*be bussed to the rain location, trips & the Day Camp Carnival \*have photo's taken during events & permission for the department to use them, unless I notify them in writing \*carry sunscreen that is FDA approved for OTC use. I understand that once camp starts there is no refund for any reason except medical.

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Camp Session (Please check one)**

**Trip Permission slips are due 7/1/15**

\_\_\_ Full Camp-6/30- 8/7 \_\_\_\_\_ Session I- 6/30 – 7/20 \_\_\_\_\_ Session II- 7/21 – 8/7 \_\_\_\_\_ Shirt Size \_\_\_\_\_

All camps permitted to operate and are inspected by Westchester Dept of Health.  
All inspection reports are on file at the W.C. Health Department, 25 Moore Ave, Mt Kisco, NY 10549